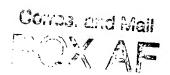
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Effective on 12/08/2004.				Complete if Known				
TRAD Fees pursuant to the Co	nsolidated Appropriations A		Application Nu	mber	10/702,546			
	RANSMIT	IAL	Filing Date		November 7, 20	03		
F	or FY 2005		First Named In	ventor	YUICHI MAKINO	ET AL.		
Applicant claims	small entity status.	See 37 C.F.R. 1.27	Examiner Nam	е	David H. Bolling	er		
			Art Unit 3653					
TOTAL AMOUNT OF PAYMENT (\$) 0.00 Attorney Docket No. 01306.000072.1								
METHOD OF PAYME	NT (check all that ap							
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
	iny additional fee(s) or u der 37 C.F.R. 1.16 and		X	Credit any	overpayments			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SE	ARCH, AND EXAMI	NATION FEES				*****		
	FILING FEES Small Enti		RCH FEES Small Entity	EXA	MINATION FEES Small Entity	;		
Application Type	Fee (\$) Fee (\$)	Fee (Fee		<u>F</u>	ees Paid (\$)	
Utility	300 150	500		20		_		
Design	200 100	100		13		-		
Plant Reissue	200 100 300 150	300 500		16 60		-		
EXCESS CLAIM F Fee Description Each claim over 20 or, Each independent clai Multiple dependent clai	for Reissues, each m over 3 or, for Reis					Fee(\$) 50 200 360	mall Entity Fee(\$) 25 100 180	
<u>Total Claims</u>	Extra Claims	Fee (\$) Fee P	aid (\$)	Multi	ole Dependent Clair	<u>ns</u>		
4 - 20 or H HP = highest number	P = 0 x of total claims paid	0 = for, if greater than 20	0	<u>F</u>		e Paid (S	<u>5)</u>	
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)			0		
1 - 3 or H HP = highest number	HP = <u>0</u> of independent claim	x 0 = s paid for, if greater t	0 than 3	_				
3. APPLICATION SIZ If the specification additional 50 sheet	and drawings exceed	d 100 sheets of pape See 35 U.S.C. 41(a	r, the application)(1)(G) and 37 C	size fee	due is \$250 (\$125 s).	for smal	l entity) for each	
Total Sheets	Extra Sheets	Number of each a	additional 50 or fra	ction ther	eof Fee (\$)		Fee Paid (\$)	
- 100 =	/!	50 =	(round up to	a whole n	umber) x	=		
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specific	· ·	(no small entity disc	•					
				-				
SUBMITTED BY	11							
Signature		14/1	Pegistr	tion No	1	Telepho	200	

SUBMITTED BY	1/15 / 1/		
Signature	Mutal	Registration No. (Attorney/Agent) 30,110	Telephone 202-530-1010
Name (Print/Type)	Lawrence A. Stahl		Date: January 31, 2005







BOX AF
RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINER GROUP 3653

01306.000072.1

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: David H. Bollinger
YUICHI MAKINO, ET AL.)	
	:	Group Art Unit: 3653
Application No.: 10/702,546)	
	:	Confirmation No.: 8246
Filed: November 7, 2003)	
	:	
For: SHEET CONVEYING APPARATUS)	January 31, 2005
AND ORIGINAL DOCUMENT	:	
PROCESSING APPARATUS)	
(AS AMENDED)	:	

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AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action mailed December 2, 2004, the Examiner is respectfully requested to consider and enter the following amendments: